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**\*\* CONTINUING DATA \*\*\*\*\***  
*None*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 05/06/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 3
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Verified and Acknowledged                      Examiner's Signature                      Initials                     

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**TITLE**  
 Imaging member

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